



**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Drinking Water Program

**UIC Class V Well Pre-Closure Notification Form - BRP WS-06d**  
**Instructions and Supporting Materials**

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**This Form MUST be submitted to and received by DEP  
at least thirty (30) prior to any UIC well closure**

**Introduction**

DEP *Permit Applications*, as well as *Instructions & Support Materials*, are also available for download from the DEP Web site at [mass.gov/dep](http://mass.gov/dep) in two file formats: Microsoft Word™ and Adobe Acrobat PDF™. Either format allows documents to be printed.

*Instructions & Support Materials* files in Microsoft Word™ format contain a series of documents that provide guidance on how to prepare a permit application. Although we recommend that you print out the entire package, you may choose to print specific documents by selecting the appropriate page numbers for printing.

*Permit Applications* in Microsoft Word format must be downloaded separately. Users with Microsoft Word™ 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF™ format combine *Permit Applications* and *Instructions & Support Materials* in a single document. Adobe Acrobat PDF™ files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically.

**Permit Code**            BRP WS-06d

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**Purpose of  
Registration**            Regulating the injection of fluids to the ground is necessary to prevent contamination  
of groundwater used as a drinking water source.

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**For Assistance  
with this  
application**            Contact MA DEP Bureau of Resource Protection, Underground Injection Control  
Program:  

(617) 348-4014

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**Who must  
apply**

Residential or commercial structures discharging to an on-site septic system receiving only sanitary wastewater and designed for 20 persons or fewer are exempt. Any party who has discharged or is discharging to a Class V well as defined in 310 CMR 27.00 must apply unless exempted by 310 CMR 27.07 which can be found at: <http://www.mass.gov/dep/brp/dws/dwsforms.htm#uic>.

Pre-Closure notices must be filed for any UIC Class IV/V well that the owner/operator plans to close [effective 9/13/04] at least thirty days prior to closure. A waiver may be requested of DEP by the owner/operator of any or all of the thirty-day period. Any well that was closed (including prior to 9/13/04) that did not file a Closure Notification with the UIC program at DEP prior to 9/13/02 is still required to submit the Pre-Closure Form even if the well(s) is now closed.

Within seven days following completion of closure of the injection well(s), submit to the Department documentation of the closure on a UIC Post-Closure Form.

**Review  
Timeline**

If DEP fails to issue a determination (registration of the UIC Class V well) on an adequately prepared BRP WS-06d application within 60 days of receipt of the application and payment of the application fee, the Department will refund the entire fee and will continue with the review.

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**Fees**

See Class V injection Well Type Table at the end for a description of UIC Class V well types. A fee is due when the application is submitted. The amount is based on the type of UIC Class V well being registered:

BRP WS-06a - 5A5, 5D4, 5W20 & 5X25	- Registration Fee - \$480.00
BRP WS-06b - 5A6, 5A19, 5F1, 5S23 & 5X27	- Registration Fee - \$240.00
BRP WS-06c - 5A7, 5A8, 5B22, 5D2, 5G30, 5R21& 5X29	- Registration Fee - \$ 90.00
BRP WS-06d - Pre-Closure / Registration	- Registration Fee - \$ 90.00
BRP WS-06e - Residential Wells	- Registration Fee – EXEMPT

- Though there is a one-time registration fee for most Class V well types, there is currently no annual compliance fee associated with these registrations.
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**What  
regulations  
apply?**

These regulations include, but are not limited to:  
Underground Injection Control Program, 310 CMR 27.00.  
Timely Action and Fee Provisions, 310 CMR 4.00.

These regulations may be purchased at:

State Bookstore  
Massachusetts State House  
Room 116  
Boston, MA 02133  
617-727-2834

State Bookstore West  
436 Dwight Street, Room 102  
Springfield, MA 01103  
413-784-1376

or found on the internet at: <http://www.mass.gov/dep/brp/dws/dwsforms.htm#uic>



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You must complete this form to notify MA DEP that you intend to close an Underground Injection Control (UIC) Class V well(s) at your facility. You may complete one form for multiple wells of the same type of Class V wells at each facility. For example, if you will be closing two drywells that are of similar construction at your facility and which receives discharges from the same activity (see Well Codes in the Class V Injection Well Type Table at the end of these instructions), you may use one form for an area registration.

**How to Apply** To submit an application to DEP, follow the steps described below:

Step	Action
1.	Complete a DEP Transmittal Form. – The Transmittal Form and number can be obtained @ - <a href="http://www.mass.gov/dep/appkits/forms.htm">http://www.mass.gov/dep/appkits/forms.htm</a> Residential activities (WS-06e) do not need a Transmittal Form or Transmittal number).
2.	Complete the appropriate Application Form - BRP WS-06d. Include all specified information. Use additional sheets if necessary.
3.	Submit a complete application package including a BRP WS-06e Application Form with all specified attachments to the:  MA Department of Environmental Protection BRP Drinking Water Program Underground Injection Control Program One Winter Street, 6th Floor Boston, MA 02108
4.	Retain a copy of the complete application package for your files.

**Instructions to assist with completing the form**

**Transaction Type: (on the application check the appropriate boxes for all that apply)**

**Closure** - if closing one or multiple wells of the same type check the box on the form.

**Partial Closure** - if closing one activity type discharging to the well but not all check the box on the form.

**Closure/Replacement** - if closing a well and replacing it elsewhere on the site check the box on the form.

**Registration** - if closing a well not previously registered with MA DEP check the box on the form.

**Closure:** Current well(s) are proposed to be closed by the owner/operator.

**Partial Closure:** The owner/operator proposes to cease discharging to the well(s) under one or more activity types (see the Class V Injection Well Type Table at the end of these instructions) and continue using the well(s) for one or more other authorized-by-rule activities.

**Closure/Replacement:** The owner operator proposes to close one or more wells and replace the well(s) on-site for the same activity type.



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**Registration:** The owner/operator proposes to close a UIC Class V well that has not previously been registered with the UIC program.

**UIC Modification:** Must be submitted to DEP when either the owner/operator information changes; there is a new well location; the number of wells (area registration) increases or decreases and/or there is a change in or additional well codes are added.

**UIC Registration Number:** If submitting a Modification Application enter the UIC ID number, which was assigned, to the well(s) by DEP when you initially registered the system and then fill out on the form all new and or updated information.

#### **A. Facility Information**

**Facility/Property Name:** Enter the common name of this facility if it is different than the legal name. For a single unit or multiple units (up to 4 units) where the owner lives in one of the units insert "Private Residence", otherwise enter the name of the Facility/Property.

**Company Name:** Enter the legal / corporate name (i.e., Acme Products, Inc.) or the name of the legal representative of the company if the company operates under an assumed business name (i.e., John Smith, dba Acme Products). The name must be a legal, active name registered with the state of Massachusetts, unless otherwise exempted by the Department of Commerce regulations.

**SIC Code:** Enter the Standard Industrial Classification (SIC) four-digit code **or** North American Industry Classification System five or six-digit code (NAICS) for the facility. These codes are used to describe the primary activity at the facility that generates the most money and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997; however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>. Include a secondary code if applicable.

**Facility PWS ID Number:** If the facility is a Public Water System (PWS) or there is a PWS on the same site list the PWS ID number assigned by the MA DEP Drinking Water Program.

**EPA Hazardous Waste Generator ID Number** - If you store Hazardous Waste on site enter the appropriate ID number(s). If you store Hazardous Waste on site and do not have an ID number contact your Regional DEP office and ask for the Hazardous Waste section to obtain an appropriate ID number.

#### **B. Owner Information**

**Name and Address of Owner (if not the same as the property):** Enter the legal / corporate name (i.e., Acme Products, Inc.) and address of the owner of the company if different than the facility name in Section A. The name must be a legal, active name registered with the state of Massachusetts, unless otherwise exempted by the Department of Commerce regulations.

**Name and Address of the Operator (if not the same as the owner):** In the case where the property is owned by one or more entities but the facility is operated by another company and the facility owner's name and address are different than in Section A, enter the **legal** / corporate name (i.e., *Acme Products, Inc.*) and address of the owner of the facility if different than the facility name in Section A. The name must be a legal, active name registered with the state of Massachusetts, unless otherwise exempted by the Department of Commerce regulations.



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**B. Owner Information (cont.)**

**Legal Contact:** Give the name and phone numbers to whom you want all correspondence directed. The correspondence will otherwise be sent to the Owner's address.

**C. Injection Well Information**

**Individual or Area (multiple wells on the same site):** Mark "Individual" or "Area" to indicate the type of registration desired. DEP will determine if whether an area registration is the correct designation. If an area registration is requested the number of wells to be included in the registration must be specified and the wells described and identified by location. If the area has a commonly used name, such as the "Jay Field," submit the name in the space provided. Each such case will be considered individually, if the owner/operator elects to seek an area registration.

To be accepted as an Area registration a facility must:

- be in the same State
- be in the same Municipality (with some limited exceptions)
- have the same owner (property or facility)

and all the wells:

- must be the same well type (i.e. 5D2, 5G30, 5X18)

**Well Type & Well Code:** Obtain appropriate Well Type(s) and Well Code(s) from the Class V Injection Well Type Table at the end of these instructions.

**Type of Discharge:** Describe type of fluid discharge to UIC well (i.e. backwash from water purification units, stormwater, non-contact cooling water) including all operations contributing water/wastewater to the effluent, including process wastewater, sewage, cooling water and storm water runoff.

**Source of Water Discharged to the Well:** Describe the source of the fluids (i.e. rainwater from the building roof, cooling water from a heat pump).

**Average Flow (gallons/day):** If an existing system and this is not known provide the best estimate. If the flow is variable provide the design flow.

**Number of Entry Points:** Entry point number to a UIC well is either the number of floor drains, the number of roof drains, the number of catch basins, the number of treatment devices backwashing and/or the number of any other type of entry point.

**List Any Current or Proposed Treatment Devices:** List all treatment devices proposed or installed prior to the infiltration structure in order to meet the UIC program endangerment standard for underground sources of drinking water (USDWs). The sampling point for the system must be after all treatment devices. Specifications and a detail sheet must be provided for all treatment devices. A statement from the device manufacturer or from the UIC system designer must be included stating that the device(s) are rated to meet the standards of the UIC program.

**Depth to Water Table and Depth to Bedrock:** If the UIC is an existing system and the depths are not known provide the best information available. However, systems installed after 9/13/02 must provide these data.

**Soil Type:** Use terms such as fill, sandy till, gravel, sand, etc.

**Distance to Nearest Private Drinking Water Well (within 1250 feet of the UIC well) –** If not known check with local Board of Health. All on-site wells must be shown on the site plan.



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**C. Injection Well Information (cont.)**

**Distance to and the Name of the Nearest Public Water Supply Source (within 2500 feet):** If not known check at - <http://maps.massgis.state.ma.us/WSPA>. All on-site wells must be shown on the site plan. If you need assistance, check with the Customer Service Center at the Regional DEP office.

**D. Operational Status**

**Active:** Includes any current well that has been operating prior to filing this application.

**Temporarily Abandoned:** Well(s) are not currently or have not recently been used to discharge fluids. Well may be used again. Entry points to the well(s) may have been plugged to prevent discharge into the Well(s).

**Active/Partial Closure:** Well(s) is currently or has recently had fluids discharged into it. The owner/operator is proposing to cease the discharge from one or more current activities discharging to the well(s) and to continue using the well(s) for one or more authorized-by-rule activities.

**Partial Closure Conversion to Another Well Type:** Closure of a well type that is prohibited (i.e. motor vehicle waste disposal well) and conversion to a well type that is authorized (i.e. dustwater well).

**Permanently Abandoned/Not Reported Previously:** The well(s) have been closed previously but the closure activities were never submitted to MA DEP UIC Program for review and approval.

**Proposed Date of Well Closure:** This date must be at least 30 days after the application is received by the MA DEP UIC Program.

**Proposed Well Closure Activities:** Mark an "X" in the appropriate box(s) to indicate briefly how the well closure is expected to proceed. Mark all that apply to your situation.

For example, all the boxes except the "Remove well & any contaminated soil" and "Other" would be marked if the connection of an automotive service bay drain leading to a septic tank and drainfield will be closed, but the septic system will continue to be used for washroom waste disposal only, and the fluids and sludge throughout the system will be removed for proper disposal, the system cleaned, a cement plug placed in the service bay drain and the pipe leading to the washroom, connection, and the septic tank/drainfield remains open for septic use only. In this example, the motor vehicle waste disposal well is being converted to another well type (a septic system).

**Source of injection:** Floor drain, roof drain, parking lot, slop sink, direct connection to appliance, etc. Attach additional pages if more than four sources are included.

**Potential Contaminant(s):** List parameters / chemicals that are likely to be discharged into the well (see Class V Injection Well Type Table at the end of the instruction – Potential Contaminants for examples) and/or contaminants known by the proponent to have the potential to be discharged to the well. Attach additional pages if more than four contaminants are included.

**E. Site Information**

**Other Discharges:** List and locate on the site map all other discharges on the site including those with DEP permits, UIC registrations and those without permits or registrations.



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**E. Site Information (cont.)**

**List of Sites with Activity and Use Limitations:** Activity & Use Limitation (AULs) - This document provides an alphabetized list, by City/Town, of properties in Massachusetts where an "Activity and Use Limitation" (AUL) has been recorded or registered. An AUL provides notice to users of property of the presence of oil or hazardous material (OHM) contamination remaining at the location after a cleanup has been conducted pursuant to M.G.L. Chapter 21E and the Massachusetts Contingency Plan MCP). The AUL is a legal document that identifies activities and uses of the property that may and may not occur, as well as the property owner's obligation and maintenance conditions that must be followed to ensure the safe use of the property.

<http://www.mass.gov/dep/bwsc/sites/aullist.pdf>

**Location - Latitude / Longitude:** Enter the UIC Well latitude and longitude coordinates to the nearest whole second and fill out the information requested on how you obtained this data.

**All Plans and Maps Submitted Must Have a Title, North Arrow and a Scale of Distance.**

**Topo or Orthophoto Map of the Facility:** Provide a topographic map or maps of the area extending at least to **1/2 mile** beyond the property boundaries of the facility, which clearly show the following:

- 1) The legal boundaries of the facility;
- 2) The location of each of your existing and proposed intake (if appropriate) and discharge structures;
- 3) All hazardous waste management and storage facilities;
- 4) All springs and surface water bodies in the area, plus all Public Water System (PWS) drinking water wells within 1/2 mile of the facility and all private drinking water wells within 1/4 mile of the facility that are identified in the public record or otherwise known to you.
- 5) All source water protection areas including: Zone I's, Zone II's, Zone C's or Interim Wellhead Protection Area's (IWPA).

If any discharge structure, hazardous waste disposal site, or injection well associated with the facility is located in the area of the map, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well.

**Submit a Site Plan of the Facility with the Following:**

- 1) location of buildings, property boundary lines, and abutting street with the nearest utility pole number;
  - 2) plat and lot number (from local tax assessor record maps);
  - 3) location where groundwater table elevation, ledge test, percolation data, and soil profile data were collected;
  - 4) location of all shallow injection well(s) and all drains, drain lines, treatment devices, drywells, cesspools, septic systems and other on-site discharges at the facility;
  - 5) location of drinking water well(s) on the property, and any on abutting properties or public water supplies within 500 feet of the shallow injection well;
  - 6) location of monitoring wells (if applicable); and
  - 7) a locus map with a north arrow.
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**E. Site Information (cont.)**

The purpose of this form is to serve as the means for the Class V well owner or operator's notice to the UIC Coordinator of their intent to close the well in accordance with Title 40 of the Code of Federal Regulations (40 CFR) Section 144.12 (a). According to 40 CFR § 144.86, you must notify the UIC Program Coordinator at least 30 days prior to well closure of your intent to close and abandon your well. Upon receipt of this form, if the UIC Coordinator determines that more specific information is required to be submitted to ensure that the well closure will be conducted in a manner that will protect underground sources of drinking water (as defined in 40 CFR § 144.3), the Department can require the owner/operator to prepare, submit and comply with a closure plan acceptable to, and approved by the Department.

Please be advised that this form is intended to satisfy federal and state UIC requirements regarding pre-closure notification only. Other state, tribal or local requirements may also apply.

Send duplicate copies of all forms to:

Local Board of Health  
Local Plumbing Inspector





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UIC Class V Injection Well Type Table			
Name of Well Type	EPA Well Code	Name of Well Type	EPA Well Code
Agricultural Drainage Well	5F1	Storm Water Drainage Wells	5D2
Improved Sinkholes	5D3	Industrial Drainage Wells	5D4
Special Drainage Wells	5G30	Electric Power Reinjection Wells	5A5
Direct Heat Reinjection Wells	5A6	Heat Pump/Air Conditioning	5A7
		Return Flow Wells	
Groundwater Aquaculture	5A8	Untreated Sewage Waste Disposal	5W9
Return Flow Wells		Wells	
Cesspools	5W10	Septic Systems (Undifferentiated)	5W11
Septic Systems	5W31	Septic Systems	5W32
(Well Disposal Method)		(Drainfield Disposal Method)	
Domestic Wastewater		Mining, Sand or Other	5X13
Treatment Plant Effluent	5W12	Backfill Wells	
Disposal Wells		In-situ Fossil Fuel Recovery Wells	5X15
Solution Mining Wells	5X14	Air Scrubber Disposal wells	5X17
Spent-Brine Return Flow	5X16	Industrial Process Water and	5W20
Wells		Water Disposal Wells	
Cooling Water Return Flow	5A19	Aquifer Recharge Wells	5R21
Wells			
Motor Vehicle Waste	5X28	Subsidence Control Wells	5S23
Disposal Wells			
Saline Water Intrusion	5B22	Water Purification Brine	5X18
Barrier Wells		Disposal Wells	
Radioactive Waste Disposal	5N24		
Wells		Aquifer Remediation Related	5X26
Experimental Technology	5X25	Wells	
Wells			
Abandoned Drinking Water	5X29	Other Wells	5X27
Wells			

Please refer to: <http://www.state.ma.us/dep/appkits/ws06.pdf> for detailed information on well types



## Massachusetts Department of Environmental Protection

# Addresses and Phone Numbers

DEP Boston  
One Winter Street  
Boston, MA 02108  
Telephone: (617) 292-5500  
Fax: (617) 556-1049  
TDD: (617) 574-6868

William X. Wall Experiment Station  
37 Shattuck Street  
Lawrence, MA 01843  
Fax: (978) 688-0352  
*Division of Environmental Analysis*  
Telephone: (978) 682-5237  
*Air Quality Surveillance*  
Telephone: (978) 975-1138

Office of Watershed  
Management  
627 Main Street  
Worcester, MA 01608  
Telephone: (508) 792-7470  
Fax: (508) 839-3469

Training Center  
DEP Central Region Office  
627 Main Street  
Worcester, MA 01608  
Telephone 508-767-2880  
Fax: 508-792-7621

DEP Western Region  
436 Dwight Street  
Suite 402  
Springfield, MA 01103  
Phone: (413) 784-1100  
Fax: (413) 784-1149



Adams  
Agawam  
Alford  
Amherst  
Ashfield  
Becket  
Belchertown  
Bernardston  
Blandford  
Brimfield  
Buckland  
Charlemont  
Cheshire  
Chester  
Chesterfield  
Chicopee  
Clarksburg

Colrain  
Conway  
Cummington  
Dalton  
Deerfield  
Easthampton  
East Longmeadow  
Egremont  
Erving  
Florida  
Gill  
Goshen  
Granby  
Granville  
Great Barrington  
Greenfield  
Hadley

Hampden  
Hancock  
Hatfield  
Hawley  
Heath  
Hinsdale  
Holland  
Holyoke  
Huntington  
Lanesborough  
Lee  
Lenox  
Leverett  
Leyden  
Longmeadow  
Ludlow  
Middlefield

Monroe  
Montague  
Monterey  
Montgomery  
Monson  
Mount Washington  
New Ashford  
New Marlborough  
New Salem  
North Adams  
Northampton  
Northfield  
Orange  
Otis  
Palmer  
Pelham  
Peru

Pittsfield  
Plainfield  
Richmond  
Rowe  
Russell  
Sandisfield  
Savoy  
Sheffield  
Shelburne  
Shutesbury  
Southampton  
South Hadley  
Southwick  
Springfield  
Stockbridge  
Sunderland  
Tolland

Tyringham  
Wales  
Ware  
Warwick  
Washington  
Wendell  
Westfield  
Westhampton  
West Springfield  
West Stockbridge  
Whately  
Wilbraham  
Williamsburg  
Williamstown  
Windsor  
Worthington

DEP Central Region  
627 Main Street  
Worcester, MA 01608  
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Boylston  
Brookfield

Charlton  
Clinton  
Douglas  
Dudley  
Dunstable  
East Brookfield  
Fitchburg  
Gardner  
Grafton  
Groton  
Harvard  
Hardwick  
Holden  
Hopedale

Hopkinton  
Hubbardston  
Hudson  
Holliston  
Lancaster  
Leicester  
Leominster  
Littleton  
Lunenburg  
Marlborough  
Maynard  
Medway  
Mendon  
Milford

Millbury  
Millville  
New Braintree  
Northborough  
Northbridge  
North Brookfield  
Oakham  
Oxford  
Paxton  
Pepperell  
Petersham  
Phillipston  
Princeton  
Royalston

Rutland  
Shirley  
Shrewsbury  
Southborough  
Southbridge  
Spencer  
Sterling  
Stow  
Sturbridge  
Sutton  
Templeton  
Townsend  
Tyngsborough  
Upton

Uxbridge  
Warren  
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Westborough  
West Boylston  
West Brookfield  
Westford  
Westminster  
Winchendon  
Worcester

DEP Southeast Region  
20 Riverside Drive  
Lakeville, MA 02347  
Phone: (508) 946-2700  
Fax: (508) 947-6557  
TDD: (508) 946-2795



Abington  
Acushnet  
Attleboro  
Avon  
Barnstable  
Berkley  
Bourne  
Brewster  
Bridgewater  
Brockton  
Carver  
Chatham  
Chilmark

Dartmouth  
Dennis  
Dighton  
Duxbury  
Eastham  
East Bridgewater  
Easton  
Edgartown  
Fairhaven  
Fall River  
Falmouth  
Foxborough  
Franklin

Freetown  
Gay Head  
Gosnold  
Halifax  
Hanover  
Hanson  
Harwich  
Kingston  
Lakeville  
Mansfield  
Marion  
Marshfield  
Mashpee

Mattapoisett  
Middleborough  
Nantucket  
New Bedford  
North Attleborough  
Norton  
Norwell  
Oak Bluffs  
Orleans  
Pembroke  
Plainville  
Plymouth  
Plympton

Provincetown  
Raynham  
Rehoboth  
Rochester  
Rockland  
Sandwich  
Scituate  
Seekonk  
Sharon  
Somerset  
Stoughton  
Swansea  
Taunton

Tisbury  
Truro  
Wareham  
Wellfleet  
West Bridgewater  
Westport  
West Tisbury  
Whitman  
Wrentham  
Yarmouth

DEP Northeast Region  
One Winter Street  
Boston, MA 02108  
Phone: (617) 654-6500  
Fax: 617-292-5850  
TDD (617) 574-6868



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Carlisle

Chelmsford  
Chelsea  
Cohasset  
Concord  
Danvers  
Dedham  
Dover  
Dracut  
Essex  
Everett  
Framingham  
Georgetown  
Gloucester  
Groveland  
Hamilton  
Haverhill

Hingham  
Holbrook  
Hull  
Ipswich  
Lawrence  
Lexington  
Lincoln  
Lowell  
Lynn  
Lynnfield  
Malden  
Manchester-By-The-Sea  
Marblehead  
Medfield  
Medford  
Melrose

Merrimac  
Methuen  
Middleton  
Millis  
Milton  
Nahant  
Natick  
Needham  
Newbury  
Newburyport  
Newton  
Norfolk  
North Andover  
North Reading  
Norwood  
Peabody

Quincy  
Randolph  
Reading  
Revere  
Rockport  
Rowley  
Salem  
Salisbury  
Saugus  
Sherborn  
Somerville  
Stoneham  
Sudbury  
Swampscott  
Tewksbury  
Topsfield

Wakefield  
Walpole  
Waltham  
Watertown  
Wayland  
Wellesley  
Wenham  
West Newbury  
Weston  
Westwood  
Weymouth  
Wilmington  
Winchester  
Winthrop  
Woburn



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Drinking Water Program

# BRP WS 06 d

Transmittal Number \_\_\_\_\_

**UIC Class V Well Pre-Closure Notification Form- BRP WS-06d  
and Registration Form for Facilities Closing Class V Wells not  
Previously Registered with the UIC Program**

See instructions

## Transaction Type

☐ Closure ☐ Partial Closure ☐ Closure/Replacement ☐ Registration

## A. Facility Information

See Instructions

Facility Name		Facility Street Address	
Company Name	SIC Code #	(DEP Use Only) Facility #	
City/Town	County	State	Zip Code
Facility PWS ID# (if appropriate)		UIC ID # (if previously registered with DEP)	
Facility Telephone Number		Facility Email (optional)	
EPA Hazardous Waste Generator ID #		EPA Hazardous Waste Generator ID #	

## B. Owner/Operator Information

See Instructions

For modifications, enter new or revised information:

Name of Owner	Address of owner (if different from facility)	
City/Town	State	Zip Code
Name of Operator (if different from owner)	Address of operator (if different from facility)	
City/Town	State	City/Town
Legal Contact	Address of legal contact	
City/Town	State	Zip Code
	Legal Contact Phone #	Legal Contact Fax #

Ownership Type:

Private: ☐ Industrial ☐ Commercial ☐ Non-profit ☐ Residential  
Public: ☐ Local ☐ Regional ☐ State ☐ Federal

## C. Injection Well Information

See instructions -  
table at end

Registration: ☐ Individual or ☐ Area

Well Type	Well Type	Number of wells
-----------	-----------	-----------------



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### C. Injection Well Information (cont.)

Well Construction (check all that apply)

- ☐ Drywell    ☐ Septic Tank    ☐ Cesspool    ☐ Dug Well    ☐ Improved Sinkhole  
☐ Lagoon    ☐ Drainfield / Leachfield    ☐ Dustwater onto the ground or pit  
☐ Leaching Catch Basin    ☐ Infiltration Trench    ☐ Drilled Well  
☐ Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Type of discharge

\_\_\_\_\_  
Source of water discharged to the well

\_\_\_\_\_  
Average flow (gallons per day)

\_\_\_\_\_  
Year of well construction

\_\_\_\_\_  
Year ceased using well

\_\_\_\_\_  
Number of Entry Points to System before closure

\_\_\_\_\_  
Number of Entry Points proposed to be closed

\_\_\_\_\_  
Number of Entry Points to System after closure (need to be registered with  
the UIC program)

\_\_\_\_\_  
List any treatment devices in place or proposed prior to the injection point:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Depth to water table (feet)

\_\_\_\_\_  
Depth to bedrock

\_\_\_\_\_  
Soil type(s) at side - e.g., fill, sandy till, gravel, sand

\_\_\_\_\_  
Distance to nearest private drinking water well (within 1250')

\_\_\_\_\_  
Distance to nearest Public Water Supply (within 2500')

\_\_\_\_\_  
Name of nearest Public Water Supply

### D. Proposed Well Closure Activities

Check all that apply. Well operation status:

- ☐ Active    ☐ Temporarily abandoned    ☐ Active/Partial Closure  
☐ Permanently abandoned/not reported previously

\_\_\_\_\_  
Proposed date of well closure:

See instructions -  
table at end

See instructions

See instructions

See instructions



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## D. Proposed Well Closure Activities (cont.)

Proposed closure activities (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Clean out well(s)                        | <input type="checkbox"/> Sample fluids/sediments                            |
| <input type="checkbox"/> Remove well(s) and any contaminated soil | <input type="checkbox"/> Appropriate disposal of remaining fluids/sediments |
| <input type="checkbox"/> Conversion to other well type            | <input type="checkbox"/> Install permanent plug                             |
| <input type="checkbox"/> Partial Conversion to another well type  | <input type="checkbox"/> Other (describe): _____                            |

Source of injection fluid (#1)

Source of injection fluid (#2)

Source of injection fluid (#3)

Source of injection fluid (#4)

Potential contaminant #1

Potential contaminant #2

Potential contaminant #3

Potential contaminant #4

## E. Site Information

See instructions

- |   |                              |                             |       |
|---|------------------------------|-----------------------------|-------|
| Are there any other discharges on site?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| If yes, are they permitted with DEP?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| If no, are they registered with DEP as Class V wells? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Please list the type or types of discharges:

_____	_____	_____	_____
_____	_____	_____	_____

Check any of the following that apply to this site:

- |  |                      |
|--|----------------------|
| a. <input type="checkbox"/> Superfund site                             | _____                |
|  | If yes, Federal ID # |
| b. <input type="checkbox"/> Bureau of Waste Site Cleanup Priority Site | _____                |
|  | If yes, file number  |
| c. <input type="checkbox"/> Bureau of Waste Site Cleanup Waiver Site   | _____                |
|  | If yes, file number  |

Please provide a copy of the letter of authorization if applicable.

See instructions

If the site is currently being regulated by the Bureau of Waste Site Cleanup, check any of the following that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Incident Response | <input type="checkbox"/> Short Term Measure |
|--|---|



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## E. Site Information (cont.)

Activity and use limitations:

Confirm that the applicant has checked that the site does not have any activity restrictions with respect to limiting discharges on the site.

☐ No restrictions ☐ Restrictions (please explain; attach additional sheets if necessary):

Location of Facility:

Is the facility located on Native American lands? ☐ Yes ☐ No

Latitude: \_\_\_\_\_ degrees \_\_\_\_\_ min (') \_\_\_\_\_ sec (") Longitude: \_\_\_\_\_ degrees \_\_\_\_\_ min (') \_\_\_\_\_ sec (")

*Latitude & Longitude are no longer optional data.*

See instructions

Identify the method used for locating the latitude/longitude coordinates for the UIC Class V well(s):

Type:

- ☐ Approximate location of point of UIC Class V well(s)
- ☐ Approximate center of drainfield(s)
- ☐ Approximate location of area wellfield(s)
- ☐ Approximate center of facility(ies)
- ☐ Approximate center of area where discharges are located

Accuracy:

- ☐ Estimated horizontal accuracy is less than +/-100 feet
- ☐ Estimated horizontal accuracy is less than +/- 500 feet
- ☐ Estimated horizontal accuracy is less than +/- 1000 feet

Provide a narrative description of the site and the feature to be permitted. As an example: "The site is on the west side of Main Street, the third building north of High Street. The disposal field lies 100 feet off the southwest corner of the building."



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## **E. Site Information (cont.)**

**Must be  
attached** - see  
instructions

All additional information that is relevant to the installation or operation of this injection well and to the determination of its potential to endanger underground sources of drinking water (USDWs) – including a site map showing the facility and UIC well(s), on-site drinking water wells, all other on-site discharges and the drains leading to the well and/or drainage area served by the well. MSDS sheets for chemicals likely to be discharged into well must be submitted. Analytical data available on the discharge or raw water as applicable.

☐ Map attached ☐ Detail sheets attached ☐ MSDS sheets attached ☐ Other information attached

Attach a map of the facility based on a USGS topographical map or MassGIS Color Ortho Photography that clearly indicates both your facility and the location of the discharge.

The USGS topographical map is available at:

<http://maps.massgis.state.ma.us/MassGISTopos/viewer.htm>

or the Color Orthophotography At: <http://maps.massgis.state.ma.us/MassGISColorOrthos/viewer.htm>.

Attach a site plan showing buildings, boundaries, abutting streets, location of test pits, location of all UIC wells, location of on-site drinking water wells, location of monitoring wells and a locus map.

Attach a narrative description of the shallow injection well system and its major components. The description should contain a diagram including the plan view and cross sectional view of the shallow injection well system, indicating piping, junction boxes, tanks, and leachfields. Dimensions of all major components and design calculations must be included.

Attach existing analytical testing data from the existing waste stream or raw water for expected contaminants in proposed waste stream, based on specified testing parameters.



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#### E. Site Information (cont.)

**Who must register:**

Any party who has discharged or is discharging to a Class V Well(s) as defined in 310 CMR 27.00 must apply except those listed as exempt from the registration requirement as per 310 CMR 27.07.

- (2) Groundwater Remediation Projects. Any injection into a Class IV or Class V injection well during a response action conducted or performed in accordance with the provisions of M.G.L. c. 21E and the Massachusetts Contingency Plan, 310 CMR 40.0000, or for the purpose of remediation at a release site, pursuant to the provisions under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), 42 U.S.C. 9601-9675, or pursuant to requirements and provisions under the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. 6901-6992k shall be exempt from:
  - (b) the registration requirements set forth in 310 CMR 27.08;
- 3) Registration. The following Class V injection wells are also exempt from the registration requirements of 310 CMR 27.08:
  - (a) on-site subsurface sewage disposal systems used solely for the disposal of sanitary sewage and regulated under 310 CMR 15.000.
  - (b) Class V injection wells permitted under 314 CMR 5.00.

Any party closing a UIC Class V well that has not previously registered with the MA DEP UIC Program must register using the **BRP WS-06d Pre-Closure Form**.

If you have not previously registered and you are closing the use of the well(s) for one (or more) uses but want to continue using the well(s) for one (or more) uses you must mark the top of this form by checking the box for "Transaction Type" - Partial Closure/Registration and attach the Pre-Closure Notification Form to this submittal. **The Pre-Closure Notification Form must be submitted to the Boston Office. The Boston Office will forward the Pre-Closure form to the appropriate DEP Regional Office for those uses that you intend to discontinue to discharge to the Class V Well. All further communication on closure of the well(s) including filing of the Post-Closure document should be with the appropriate DEP Regional Office.**

If you have not previously Registered and you are converting the well from a "prohibited" use to a use that is "authorized by rule" you must mark the top of this form by checking the box for "Transaction Type" - Conversion and attach the Pre-Closure Notification Form for those uses that you intend to discontinue to discharge to the Class V Well. **The Pre-Closure Notification Form must be submitted to the Boston Office. The Boston Office will forward the Pre-Closure form to appropriate DEP Regional Office for those uses that you intend to discontinue discharging to the Class V Well. All further communication on closure of the well(s) including filing of the Post-Closure document should be with the appropriate DEP Regional Office.**

If you are registering a well(s) at a residential structure (four units or fewer), the MA DEP UIC registration form **WS-06e** should be used instead of this one.

**Who must submit a notification form:**

If you are closing the well(s) and relocating the well(s) and are planning to have the same discharge (Well Code), you must mark the top of this form by checking the box for Relocation of Well(s) and attach to this submittal a Pre-Closure Form for the well(s) being closed.





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## **E. Site Information (cont.)**

### **Fees:**

An application fee (effective 10/08/04) is due when the Registration application is submitted. There is no application fee associated with submitting a Modification application to an existing Registration.

<b>Registration Form</b>	<b>Category</b>	<b>Registration Fee</b>
BRP WS 06 a	High	\$480.00
BRP WS 06 b	Moderate	\$240.00
BRP WS 06 c	Low	\$ 90.00
BRP WS 06 d	Pre-Closure/Registration	\$ 90.00
BRP WS 06 e	Residential Registration	No fee - exempt

No DEP Transmittal Form or number is needed when submitting a Modification to an existing UIC Registration or when submitting a Residential Registration Form (WS-06e).

There is no annual compliance fee associated with UIC Class V wells.



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## **F. Affidavit**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my personal knowledge or inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

I/we agree:

1. That the well(s) described herein will not be used for discharges other than those described above;
2. That I/we will notify the Massachusetts Drinking Water Program/UIC Program (on forms provided by the UIC program) if any of the information (including Ownership, Location or Type of discharge) for the above well(s) changes, but before the change (30 days minimum notice on ownership/operator and 60 day notice on all other changes);
3. That I/we will notify the Massachusetts Drinking Water Program/UIC Program (on forms provided by the UIC program – Pre-Closure Notification Form) when the above well(s) is no longer in use, but before abandonment and file a Post Closure Notification Form within seven days of completing the closure with the UIC program.
4. That I/we will maintain financial responsibility for the well described above; and

That I/we will provide a sampling tap (approved by DEP) and allow sampling at the point of injection.

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Preparer

\_\_\_\_\_  
Position/Title



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## **Questions**

Any questions may be directed to the UIC Program at (617) 348-4014 or to the UIC Contact at your Regional DEP Office.

MA DEP UIC Webpage - <http://www.mass.gov/dep/brp/dws/uic.htm>

### **Submit Application to:**

MA DEP  
Drinking Water Program  
1 Winter Street – 6<sup>th</sup> Floor,  
Boston, MA 02108  
Attn: UIC Program

### **MAILING ADDRESSES**

UIC Program, DEP Northeast Regional Office (NERO),  
One Winter Street – 5<sup>th</sup> Floor, Boston, MA 02108

UIC Program, DEP Southeast Regional Office (SERO),  
20 Riverside Dr., Lakeville, MA 02347

UIC Program, DEP Central Regional Office (CERO),  
627 Main Street, Worcester, MA 01608

UIC Program, DEP Western Regional Office (WERO),  
State House West, 4<sup>th</sup> Floor, 436 Dwight Street, Springfield, MA 01103

UIC Program, DEP Boston Office,  
One Winter Street – 6<sup>th</sup> Floor, Boston, MA 02108

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### **SERVICE CENTER PHONE NUMBERS:**

Northeast Regional Office	617-654-6500
Southeast Regional Office	508-946-2714
Central Regional Office	508-792-7683
Western Regional Office	413-784-1100 ext. 214

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Send duplicate copies of all forms to:

Local Board of Health  
Local Plumbing Inspector